DOCUMENT RESUME

ED 284 120 CG 020 053

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TITLE Getting Ahead by Turning 180 Degrees: Brief Therapy in the Public Schools.
PUB DATE 5 Mar 87
NOTE 10p.; Paper presented at the Annual Meeting of the National Association of School Psychologists (New Orleans, LA, March 4-8, 1987).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Change Strategies; *Counseling Techniques; Counselor Role; *Elementary Secondary Education; Models; *Public Schools; *School Psychologists; Student Development; *Systems Approach; Therapy
IDENTIFIERS *Solution Focused Brief Therapy

ABSTRACT

This paper presents the basic premises of Solution Focused Brief Therapy, a model of intervention based on systems theory, and how this approach is uniquely suited to the needs of school psychologists within a public school setting. Five key principles are described: (1) complaints are interaction based; (2) change in one part of the system leads to system-wide changes; (3) small change is all that is necessary; (4) emphasize cooperation and compliments; and (5) make the exception the rule. Following the description of these principles, a short case example is given which highlights this brief therapy approach. The school psychologist is challenged to think "180 degrees" differently by emphasizing the solution to a problem rather than investigating or emphasizing the problem itself. A brief rationale for the utility of this model in public schools is provided. References for further study are listed. (Author/NB)

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ABSTRACT

GETTING AHEAD BY TURNING 180 DEGREES: BRIEF THERAPY IN THE PUBLIC SCHOOLS

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Paper Presented at the National Association
for School Psychologists' Convention '87
March 5, 1987
New Orleans, LA

CG 020053

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Paper Presented at the National Association
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This title represents a challenge to you as school psychologists to consider things from a radically different perspective. First, I would like to change the title of this symposium slightly to, "Is Brief Family Therapy Compatible with the Public Schools or Should They be Divorced?" By adding the word "brief" I can now address something I know. In some ways I have come here under false pretenses. Strictly speaking I do not consider my self a family therapist - I am both a Brief Therapist and a School Psychologist. Those with an idea about Brief Therapy may understand that family therapists consider brief therapists to be hypnotists of the Erickson tradition, while hypnosis folks consider us to be family therapists. Brief Therapists, however, are usually willing to be considered anything as long as we get the job done. I have taken this time to even muddy the waters with this distinction because, as a school psychologist, Brief Therapy fits in well with what I need and want to get done in the schools. So, from the start, I emphatically must state that, "Yes Brief Family Therapy IS compatible with the public schools". Let me explain how.

To support this position I will share the basic principles of this approach and link them to specific application in the schools.

1. Complaints are interaction based. Simply put this is the systemic hypothesis. Problems occur within the context of human interactions. A system maintains positive and/or negative behaviors. Specific problems or difficulties are not based solely in the individual. This may be a difficult concept for the school psychologist whose training and daily practice requires the identification of deficits within the individual. To put this into a classroom example, consider the student who, due to neurology, habit or the luck of the draw, finds it extremely difficult to grasp the concepts of phonetic analysis. In a traditional, phonics-based first grade classroom, this individual could be considered learning disabled when it came to reading. Put that same student into a language-based reading program and he/she could become a star reader. This is the type of program where reading is taught through writing. Spelling is not of primary concern, only the translation of thoughts into some form of written word. Here the interaction of the teacher with a specific curriculum has developed a context within which the "phonics disabled" reader can learn. The nonreader, then, can be viewed as a result of the approach x student interaction.

From a mental health perspective consider the preliminary results of a Finnish group studying the adjustment of children of schizophrenics adopted at birth (Tienari,et al, 1987). They report that given a disturbed adoptive family the child has a far greater probability of developing the symptoms of schizophrenia than similar children adopted by healthy families. The context within which the "vulnerable" child is placed helps to determine the quality of that child's mental health. Again an interaction between the members of a system helps to determine what behaviors are expressed.

This concept applies well to schools since it implies that the powerful interactional variables of the classroom can be utilized to induce positive changes.

2. Change in one part of the system leads to system-wide changes. Referred to as the "Ripple Effect", this assumption means that ANY part of the system which significantly

changes can result in a positive change in the rest of the system. Consider the power of expectation or self-fulfilling prophecy. An expectation or change in the belief on one person's part can affect major shifts on the part of any number of others. The influence of the school principal on the atmosphere and achievement levels of an entire school is an example of this process. Principals who are positive and hold high expectations for student learning have schools where achievement test scores indicate that the students are indeed learning. One corollary to this idea is that the person most influential within the system should be the target for intervention. A second, and more important concept, is that the person most interested in having things different is often the best place to start.

Within the school this can alter the business of the school psychologist from working with an individual student to consultation/intervention with significant adults - teachers for classroom problems and parents for those situations where they have the most power, like attendance (Kral, 1986b). I once had the opportunity to meet a West German school psychologist who served an area with 60,000 students. He would only work with teachers and principals. In this way, he explained, he could serve 30 to 300 students at a time. Certainly this represented a good use of resources.

3. Small Change is all that is necessary. We all can make the mistake of working too hard. We work to change too much; to rework a teacher's entire system of discipline or a family's total method of interacting. Instead, a small, significant change is all that is necessary. Similar to an item of gossip which gets inflated with every telling, a small change is often amplified as it works through the system. As school psychologists we have numerous chances to start the ball rolling in the right direction. Test results are a good example. By changing or reframing the notions which key adults maintain about a child you can have more influence than by introducing some complex remedial strategy. We all have been able to alter a negative situation for a child by simply pointing out that, "He's not lazy, he just doesn't have a lot of intellectual horsepower to work with." A simple and

unimpressive example, until you stop to consider that this child was causing enough concern to compel someone to refer him in the first place. By altering the expectations the context of the situation changes , new approaches are tried and the student's experience (and success) in school can be radically different.

4. Cooperation and Compliments. Over the last 8 years the Brief Family Therapy Center in Milwaukee has seen literally hundreds of cases. Many of these clients were referred by schools and described as "resistant". Over that same period, the therapists at this agency have not found a resistant client. A pretty radical concept but true. The reason is that we firmly hold to the idea that it is our job to cooperate with our clients, accepting what they present and what they set as goals for intervention. Schools, on the other hand, come across (or create) untold numbers of "difficult students" or "resistant" families because we typically do not listen to them.

Think back for a moment to the last time you attended a parent conference and someone, other than yourself, asked the parent for their opinion or what they thought the school could do for their child. I, for one, have a tough time recalling such an experience. Most often schools tell parents what the school wants done. Secondly, when have you ever heard someone from the school compliment a parent on the amount of effort which they have put in for their child. Schools, like the rest of society, emphasize negatives at the expense of positives. We bring parents in and tell them what is going wrong and rarely have solutions other than Exceptional Education or referrals out for therapy.

The emphasis of Brief Therapy is on the positive. We rarely conclude a session without identifying something positive and agreeing with the client on some point. Brief therapists have noted that confrontation is typically met with confrontation (either active or passive) and similarly, cooperation is met with cooperation. Some families cooperative by going along with suggestions while others cooperate by doing the opposite. The same applies to teachers, principals and students. It is the job of the therapist to cooperate

with the client. As my grandmother always said, "You can catch more flies with honey than vinegar."

5. Make the Exception the rule. This position is directly 180 degrees from the training of most of us and represents the most radical I propose for school psychologists as therapists. School personnel regularly address problems, not solutions. Paul Watzlawick, a brief therapist at the Mental research Institute in Palo Alto, wrote a fascinating book entitled, The Language of Change (1978). In this he described the use of positives in language as opposed to negatives. Coming from a neurological point of view, Watzlawick suggested that behaviorally it is difficult to NOT do something. For example, I am convinced that kids sometimes miss the "do not" portion of the message and attempt the rest. Maybe that is why when I tell my four year old, "Don't jump on the bed," he jumps higher. School psychologists spend a great deal of time defining what we wish was not present or not happening. We talk of processing deficits or inappropriate behavior. Instead, we should be describing what a child does which works or is good for them. Defining a solution as opposed to a problem increases the probability that the solution (or some approximation of it) will occur. In fact, in most cases the solution is already present.

Let me give you an example from therapy. At the Center we tested a positive intervention on a random sample of cases. At the end of every first session we asked each family to "Observe what it is which was happening in your lives which you would like to see continuing to happen". Put another way, "Make careful note of what is already working in your life". Of a sample of 56 cases, 50 noticed things they wanted to continue. Of this 50, 46 reported things which they described as new -- changes in the system which had not been present or noticed before and could subsequently be utilized to arrive at a solution to the initial complaint (de Shazer, et al, 1986).

To share an example from school, let me describe what one of my colleagues did, without the benefit of extensive training in Brief Therapy.

The school psychologist was called by the parents of a third grade girl. They were concerned because their daughter was becoming increasingly upset about going to school, complaining that her teacher "did not like" her. They felt that she was demonstrating symptoms of depression and asked for help. A discussion with the teacher offered little information. She felt that the girl was simply quiet and showed no signs of a problem other than her relationship with peers was not as good as it should be. The teacher, Mrs. T., felt that it was the parents' fault for worrying too much. From a Brief Therapy perspective neither system -- family or school -- was in a good position for intervention. Both adult systems blamed each other and viewed changing as "giving in to pressure" from the other. The psychologist decided to intervene with the child, since the girl <u>was</u> interested in changing (Kral, 1986a). She interviewed the girl who said that her teacher obviously did not like her. When asked how she would know that the teacher had changed her attitude, she answered, "When Mrs. T. calls on me more or says nice things to me." The psychologist requested that the girl make a chart for her desk on which she would mark every time Mrs. T. either called on her or made a positive comment to her. Mrs. T. was told that the girl would be doing an experiment, keeping track of approaches from the teacher and positive remarks. The psychologist was reassuring that the teacher was doing a good job with the girl already and really "should not do anything different." The parents were then told that a plan had been developed and they should simply watch for signs of a change. Within a week the girl stated that things had changed in the class. Mrs. T. was even reminding her of the nice things which the teacher was doing for her. The parents called the teacher to thank her for doing such a nice job as the girl's attitude had changed and her depression had noticeably lifted. Mrs. T., on the other hand, denied doing anything

different, stating that there had never been a problem to start with. Follow-up revealed that things were progressing positively and the girl and teacher were getting along well.

This case demonstrates several of the points described above including the interrelationship of individuals in the development and continuation of a symptom, the value of cooperating -- accepting the points of view presented by the clients, the effectiveness of only a small change, and the power of focusing on the positives which already were present. In addition, the goal of Brief Therapy interventions was displayed. The basic purpose of any intervention is to help one part of the system "do something different". In this case, the girl did do something different by noting the positives instead of the negatives, the parents <u>believed</u> something different as now the school was taking action and the teacher was doing something different as she was "purposely" doing what she was already claiming to be doing. In the end everyone was satisfied and an acceptable solution was obtained with 2 to 3 sessions and a few phone calls.

Coming back to the question of this symposium, I must again reiterate my position: Therapy can be done effectively in the schools. Systemic approaches, which focus on interactions, are most appropriate because the school, as a public institution, is not in a good position to press a medical model with its emphasis on diagnosis, pathology and causal factors which cannot be changed. Families can "fire" a psychiatrist or private therapist but they do not have this option in the schools. Therefore, the school should be promoting positive change and cooperation between the classroom and the home for the benefit of the child. The home-school relationship is one which may last for 12 to 13 years. Our focus needs to be small, concrete changes which can be promoted within the context of the school. Therefore, I have found that the Brief Therapy model is a perfect match for the Public Schools. By simply turning our sights to the positive, 180 degrees from what is not working to those exceptions which are already occurring, solutions to behavioral, emotional and learning problems can be solved with a little time and effort.

The power of what is working is much more useful to quickly and effectively solve problems than the energy and time required to understand and undo what is failing.

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